The American Practitioner.

FEBRUARY, 1885.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Original Communications.

DEATH OF FETUS FROM DELAYED EXPULSION OF BODY FROM UTERINE INERTIA.*

BY O. T. SCHULTZ, M. D.

At 8 P. M. of December 13, 1884, I was hastily summoned to Mrs. K., the messenger stating that one of her children had been suddenly seriously taken ill and needed my immediate attention. On arriving I found that it was not the child that was sick, but that Mrs. K. herself was wanting my services, she being in labor and the waters having broken several hours before my arrival. Mrs. K., spare, of nervous temperament, markedly scrofulous, and married seven years, had been under observation on August 10th for threatening abortion, in consequence, it was thought, of heavy doses of quinine; and again, for the same trouble without any known cause, on October 12th; and on November 12th, for certain nervous symptoms—palpitatio cordis, flushes of heat, lameness in left arm, extreme prostration. During the last few weeks she has been well, but worried greatly by sickness in her family. She took with pains of bearing down character on the 11th; during the

*Read before the Posey County (Ind.) Medical Association.

night of the 12th–13th she had very severe pains frequently; also off and on on the 13th, though she was up all day. At six P. M. the waters broke.

When seen, at 8:30 P. M., the os was fully dilated; the head presenting in first position, well engaged; the pains frequent enough, every five or six minutes, but short, not very severe. During the pains the womb contracted only in its upper segment, and in the intervals between them was remarkably soft and flabby; their effect on the presenting part was *nil*, so that by 9 o'clock the labor had made no progress at all. Massage and compression being resorted to at regular intervals, the pains soon became stronger, longer, and more expulsive in character; the pains, when compression was not practiced or was purposely left off, continuing to come at longer intervals, and to be short, non-expulsive, and entirely ineffective. In this way the head was born by 10 o'clock without any difficulty, and without any great exertion on the part of the woman. It was only while the head was cutting through that the pains were strong spontaneously and compelled the woman to assist in the labor-act by making use of her voluntary muscles.

The head having been born there was the usual lull. Then again short, feeble, ineffective pains came on, but did not compel the woman to any exertion. Massage and pressure, again resorted to, again increased the pains in strength and frequency, but they did not become strong enough to expel the body. With the expulsion of the head the shoulders had been at once brought into the antero-posterior diameter, the face fronting the right thigh of the mother. The child was living; it gasped five or six times, groaned, and once cried. The mouth had been well cleansed of mucus, etc., and it was kept well protected from the fluids of the mother. The external genitals were not contracted around the neck of the child, and I took special pains to prevent any compression of its throat. A little before 10:30 it had gasped the last time; its cheeks became softer, and the whole head seemed to shrink in size. At 10:30 sent for my obstetrical box. In the meantime further attempts had been made

to gently encourage birth of the body by drawing upon the head, and to reach the axilla for the purpose of making traction there; the first had no effect at all, and the finger could not be pushed up beyond the top of the shoulder at the root of the neck. Now fluid extract of ergot, two drams, was given at 10:50. The pains increased somewhat by 10:55; by 11 they were quite strong and continuous, and, aided by powerful expression, the shoulders were dislodged by 11:05, and the body followed without any further trouble, with one of the child's arms folded on its thorax and the other doubled up on the back. The child, a very large female, was dead. Its face was light purple, its thorax to the nipples a bright pink, and the rest of its body of alabaster whiteness; the cord was flaccid, pulseless. The child was well formed, only the head seemed rather small compared with the broad shoulders, large thorax, and full belly. All attempts at resuscitating the child proved futile. A second dose of ergot, one dram, was given when the body had been expelled, and compression and friction kept up over the womb. At 11:30 the placenta, which had been half pushed out of the womb, was taken away without hemorrhage. The womb remained well contracted, and at 12 the binder was applied and the woman was quite comfortable. She remained so with but very mild after-pains until the evening of the 15th, when very violent pains set in and a number of large clots were expelled. After these had passed away, and under a few doses of ergot and morphine, the pains ceased. On the 20th, after a slight exertion, a considerable hemorrhage set in, which continued until the morning of the 21st, when the womb was found moderately firm but greatly enlarged. Under tannin and ergot the hemorrhage subsided, and the further course of the childbed was favorable.

Remarks. 1. Cases of dystocia with such disastrous result to the child seem to be rare. In my case a number of causes seem to have been at work to bring about this unfortunate termination. The nervous temperament, the strumous diathesis, the frequent childbirths, the mental and bodily wear and tear

of nursing her children through a dangerous illness just before her confinement, would predispose to inefficient womb action. The first stage of labor had gone by entirely unaided; the water had largely drained away; the pains, although not extremely violent, had by their long continuance exhausted the womb so that it was unable to carry on its work without assistance. The comparatively small size of the head threw the brunt of the work on the expulsion of the shoulders, and the partially emptied womb was unequal to this task even with the help that had till then sufficed to cause strong expulsive contraction. The peculiar position of the child's arms might have prevented such compression of the shoulders as probably takes place when both arms occupy their usual position.

2. The means at our command for carrying cases of impacted shoulders to a successful termination as to the child are wofully insignificant. Traction on head, turning the shoulders into the antero-posterior diameter by twisting the head, hooking the fingers into the axilla and making traction there, bringing down the arms on the *vis a fronte* are recommended in such cases, while ergot and expression come in as *vis a tergo* adjuncts. As to manipulations by the head, I much doubt whether any case of impacted shoulders has ever been relieved in this way, and would rather believe that these measures were recommended on the principle of *post hoc, ergo propter hoc.* When a large head has been born, and still larger shoulders lie jammed in the inferior strait, it would seem a matter of great difficulty to insinuate one's finger into the axilla. I failed completely even to reach the axilla. Expression alone failed in my case, but ergot aided by expression was promptly attended with success. But ergot must be regarded as a very uncertain and unsafe means of effecting delivery in such cases as far as the child's life is concerned, if the opinion held by writers on midwifery with regard to its action on the laboring womb are correct.

3. The fatal result to the child in my case might possibly have been averted if ergot had been given sooner to the

mother. I am in the habit, following the practice of many, of giving a dose of ergot as soon as the head is beginning to cut the soft parts. If this had been done here there might possibly have been given impetus enough to the womb to drive out the shoulders together with the head, and the child would have been born alive. *Possibly*, I say, for more usually under this practice the usual lull nevertheless takes place, and the womb often shows the same disinclination to resume its activity as it did in the present case. And I think I have now and then seen a case in which, under the ergot stimulus, the head would be expelled before the maternal soft parts would have been sufficiently softened up, and they would firmly girdle the neck of the fetus by their elastic recoil as soon as the head had been pushed through them. And again, instances have come under my observation which would indicate that in wombs that get fagged easily ergot most frequently betrays our confidence, at times setting up a tetanic rigidity very prejudicial to a rapid expulsion of the fetus, at times being very tardy in causing uterine contractions, and at times failing completely of action. Still the probabilities are that if ergot could have been administered at 10 o'clock when the head was born, a living child would have been born.

MT. VERNON, IND.

COCA IN FATIGUE.

BY E. R. PALMER, M. D.

Professor of Physiology and Diseases of the Heart and Lungs, University of Louisville.

On Monday, November 10th last, at 1:22 A. M., a seven-day "go as you please" walking match was inaugurated at the Tivoli Theater in this city. The contestants were six professional female pedestrians, who, together with a management, trainers, etc., constituted an organization that had been conducting like contests in several of the Western cities for some

months past. Prompted in the main by curiosity, I dropped in on the scene at about one o'clock P. M. Saturday, the sixth day of the contest. I learned on inquiry that two, and probably three, of the contestants had dropped out of the race, but that the management, with a view to "keeping up the attraction," was negotiating with two of these three, one a celebrated runner, the other a favorite because of her youth, with a view to their re-entering the lists. The three remaining contestants were then on the track. At 1:15 a fourth made her appearance. I was told that it was the young one, L. C. She walked slowly, and with evident pain and weariness, around the track, which measured twenty-one laps to the mile. In conversation with her trainer I learned that she had come back under the inducement of a written contract pledging her the sum of one hundred dollars extra if she accomplished the required distance of three hundred and fifty miles by the close of the seventh day. It was evident that she was badly "out of form." Her gait was unsteady, and her eyes, sunken in her head, were encircled by broad dark rings. The register showed for her two hundred and forty-seven miles and nine laps so far accomplished, leaving to be covered in thirty-six hours one hundred and two miles twelve laps to save her distance. The register also showed her to be sixty-eight miles behind the next competitor in the race.

While acquiring this information, I happened to remember that Flexner & Co., druggists of this city, had a few days before informed me that they were in possession of a large lot of Fraser's Wine of Coca, sent them for distribution among the profession here for experimental purposes, and I at once proposed to the trainer that he permit me to take part in her control from then till the finish, assuring him that I believed I might restore her vigor, put her on her feet, as it were, and possibly make her win her race by means of a medicine which I would furnish free of cost, and would warrant to do her no harm. After a short consultation with her he accepted my proposition, and I sent a boy for a pint of the coca. She drank a large sherryglassful at once, with the remark that it tasted "elegant," and continued

her journey. In twenty minutes I allowed her the second dose, and by thirty minutes after the first dose, two o'clock, her step was quick and elastic, and with head up she moved easily around the track humming the air the band was playing, and declaring that she felt like a new woman. At 3:15, two hours from the new start, she had accomplished nine miles, making a total of two hundred and fifty-six miles and nine laps, at a rate of four and one half miles an hour. The following table will show the rest:

4:45—266.1 miles;	10:13—290 miles;
9:10—285 "	11:30—295 "

As will be observed, the time for each five miles runs a little over an hour. She has in the meantime gained twenty-one miles over her next competitor, reducing the gap to forty-seven miles. So far one pint of the coca wine has been consumed. At 11:30 she retired and slept soundly until 2 A. M., when she returned and walked three miles, retiring again on account of the track being full of amateur contestants. This time she slept until a little before 9 A. M.; awoke thoroughly refreshed, ate her breakfast with good appetite, and was on the track at 9 A.M. with two hundred and ninety-eight miles; 10:05 with three hundred and three miles; 11:30 with three hundred and eight miles, three laps, when she retired to rest and lunch, returning at 12:35. In the meantime the complaint reached me that some one had stolen her bottle of medicine; another was ordered at once on a *carte blanche* to the druggist to supply all that was called for.

The race between the leaders was practically settled by this time, and all interest centered about the question as to whether the girl would, by drinking the coca, be able to make her distance. It was a notable fact that of all the walkers she was now the freshest, and her time, barring the spurts of the runner who had returned, the best time being made. From 12:35 P. M. until 5:35 P. M. she kept constantly traveling around the ellipse, until the dial showed three hundred and twenty-nine miles to her credit, leaving but twenty-one miles to be made in nearly

eight hours. She left the track at this point for supper, returning at 7 : 09 P. M., looking to be in splendid form and proving it by walking five miles in one hour and three minutes. At 9 o'clock two male professionals were to start in a five-mile contest, and at 8 : 52 she left the track with three hundred and thirty-seven miles two laps to her credit. During all of this time she had taken the coca freely, under instructions to give it to her whenever she called for it. I did this because of its not in the least disagreeing with her stomach, and because of the manifest bracing power it was exerting upon her muscular system. At 9 : 14 she returned and essayed to resume her journey, notwithstanding the two male pedestrians were rushing around the track and passing her every few laps. It soon became evident that she was constantly in fear of being run down by them, and on her refusing to leave the track she was urged to keep the pole as they passed. During the three hundred and thirty-ninth mile, on turning the north-east angle of the track, at an unguarded point she lost her presence of mind, faltered, and in attempting to step backward out of the way of one of the men fell a distance of nearly six feet to the ground, and was carried to her dressing-room unconscious, but with no apparent injuries. She rallied shortly, drank some coca, and, although complaining of pain in the epigastric region and in the right knee, she insisted on again taking the track, where, after limping through two laps, she gave way to tears and left the track, remaining in her room until 10 : 30, when she came out again to strive for her coveted goal. By dint of the free use of coca and the encouragement given by the audience, she kept slowly but steadily at work until twelve and a half minutes before midnight, when she entered her last five miles, finishing the three hundred and fiftieth mile at seven and a half minutes past one o'clock, with but fourteen and a half minutes to spare, with a painful side and a swollen knee adding increased burden to her task during its most critical period.

She was taken shortly afterward to her hotel, where I found her the next morning resting comfortably, but with the right

knee and leg badly swollen and quite painful. In a few days she was fully restored. Immediately after her fall she had a full slow pulse of seventy. The following day, still using the coca, the pulse was regular and full, showing the same rate. On the third day, the coca having been withdrawn, there was a slight increase, with some irregularity, which, however, shortly disappeared. During these days I learned the following facts regarding her career as an athlete: She puts her age at seventeen years, is five feet five inches tall, and weighs one hundred and twenty pounds, with the strong hard muscles and absence of intermuscular adipose tissue characteristic of a person in training. She entered pedestrianism in July last, and had participated in some eight contests. The last of these occurred in Cincinnati but two weeks previous, during which match she walked four hundred and two miles in seven days. With short rest, poor lodgings, bad food, and travel, she was by no means in form for the present contest, and so when she found her muscular powers flagging she had recourse to sherry flip, and even stronger liquor, the result being her letting down as stated at the commencement of this article. From the time she began with the coca she took no other stimulant except a sip at long intervals of sherry and milk, and ate scarcely any thing, owing chiefly to the poor quality of the food furnished. To my mind the experiment was both striking and conclusive, in every way favorable to the vaunted efficacy of the coca wine in physical fatigue.

It will be remembered that several years ago, when coca was first introduced, I reported the cure of several cases of opium habit by its free administration. The then objection to its use was its nauseous taste, as prepared in fluid extract, patients in a short time invariably refusing to take more of it. This fault is fully overcome by the elegant and agreeable wine. The wine of the United States Pharmacopeia, as made by the dispensing chemist, is inelegant and possessed of all of the nauseant properties of the fluid extract from which it is prepared. So far I have found three superior wines made directly from fresh leaves

—Fraser's (the one I used), Henry Thayer's, and Caswell & Massey's.

Probably no drug more readily loses its virtues than the coca leaf, so that great care must be exercised in its selection, many of the specimens for sale in the Eastern markets being absolutely inert. The great advantage of a good wine made of selected leaves being the readiness with which a delicate stomach will bear it in full doses and for a long period of time. I feel confident that there is thus placed in the hands of the practitioner an elegant, safe, and sure remedy for physical exhaustion. I find coca *the* agent used in the City Hospital in *mania-a-potu*. The new anesthetic, muriate of cocaine, is derived, as is known, as an alkaloid from the leaves.

LOUISVILLE, KY.

A CASE OF UNILATERAL FACIAL ATROPHY.

BY J. W. HOLLAND, A. M., M. D.

Professor of the Science and Practice of Medicine and Clinical Medicine, Medical Department, University of Louisville.

The disease named by Eulenburg *hemiatrophia facialis progressiva* was first described by Pavy in 1825. It is so rare that in all the medical literature produced since that time there will probably not be found fifty unequivocal cases recorded. In this country, according to the bibliography at my command, but seven cases have been reported. These were described by Drs. Hammond, Draper, Seguin, Bannister, and Robinson. When the list is so small, it can not be considered unimportant for a single case to be added.

Miss F., aged twenty-two years, white, born in Kentucky, was brought to me by Dr. Robert Walker, of Scottsville, Ky., in May, 1884. Her family history is good; there is no account of hereditary taint. During childhood her health was as good as that of most persons; she did not receive any injury, nor was she the subject of any serious disease that can be considered

related to her present ailment. For several years past she has suffered from paroxysms of fronto-temporal neuralgia; sometimes these were quite severe. About one year ago a strange feeling was first noticed in the right side of her face, and frequent exacerbations of a decidedly painful character would seize her at the same point. With the appearance of these pains in the face those in the forehead abated, and in fine quit her altogether. Dr. W. J. Byrne, of Russellville, Ky., who treated her at this time, describes it as a "tic doloureux." He gave her internally muriate of ammonia and tincture guaiac as alteratives, and for the seizures hypodermic injections of morphia, or sometimes of ether, or sometimes of simple water. He observed a favorable progress with respect to the pain.

On examination May 15, 1884, I find her well developed, in good flesh, and of healthy color. Viewing her full front, there is perceived a lack of symmetry in the face from the malar prominence to the mesial line of the chin. The left cheek is round and well shaped, but the right has a depression below the malar eminence, and there is a withered look about the right angle of the mouth, which is slightly drawn. The right half of both lips is perceptibly shrunken. Between the two sides there is no difference in color, moisture, or the power to blush. On palpation, the affected cheek is felt to be decidedly thinner than its mate, and it is not so freely movable. In fact, there is a deficiency of adipose tissue where it should be most abundant; the skin apparently is drawn in, if not bound down to the inferior surface of the malar process of the superior maxillary bone. This attenuated condition extends squarely to the mesial line of the upper and lower lips, though there is no loss of mobility any where except under the malar process. The teeth are sound, but there is a suspicion of atrophy about the malar processes on the right side. The tongue is protruded straight, and shows no difference in the two sides. The soft palate and uvula are not affected. Taste, sight, smell, and hearing are normal. The right side of the neck and of the forehead is like the left; the right eye is full, bright, and with its appendages

is as free from change as its fellow. The muscles of expression work about as well on one side as on the other. There is no paralysis. Their electro-contractility is unimpaired, whether tested immediately or through the trunk of the facial nerve. But for the paroxysms of pain there would be no report of aberration of sensibility. Normal impressions are received from contact with ordinary things and the points of the asthesiometer. No difference with respect to heat sensibility has been noted.

This is a plain case of unilateral facial atrophy. It is typical in the following features: occurring, as is usual, in a young woman, presenting precursory frontal neuralgia and slowly progressive atrophy of the adipose tissue in the region supplied by the second and third divisions of the trigeminus, without numbness or paralysis, but with a whitish discoloration and loss of the power of blushing on the afflicted side. It lacks the occasional phenomena: changed color of hair, alteration of cutaneous secretions, marked involvement of the masseter and temporal muscles. It is on the right side, which classifies it with the minority. It is not complicated by affections of parts supplied by the hypoglossal or spinal accessory nerves. So far as its external phenomena have an influence on pathological views, it lends support to the theory of a lesion of the trophic cells in the nucleus of the fifth nerve. The neuralgia and the strange feeling may be considered as indications of irritation of the sensory nucleus, or perhaps as secondary to the trophic changes set up in the connective tissue.

My patient was assured that the disease did not tend to shorten life. She was advised to employ faradism and gentle massage, with the promise that the pains would be to some extent controlled. No hope of a cure was held out, as none was justified by the history of previous cases of the same kind. In a recent letter I am informed that there is improvement in the color and that the pains are not so frequent, but still very intense. The atrophy is no better.

KNIFE-WOUND OF THE ABDOMEN WITH UNUSUAL SYMPTOMS.

BY W. T. SEXSMITH, M. D.

C. A., sixteen years, received on August 4th a knife-wound which extended from the costal cartilage, between the seventh and eighth ribs on the left side, obliquely downward six and a half or seven inches to the opposite side in front. On examining the wound a few moments after it was received, I found the pylorus and a portion each of the omentum and right colon protruding through the cut. These I replaced, and closed the wound by seven interrupted sutures. A thick compress wet with cold water and a broad bandage completed the dressing. I administered one half grain of morphia, after which the patient was removed to a house about one mile distant. Three hours later his pulse, which was of good volume when I first saw him, had grown frequent and feeble ; the surface was pale and covered with a cold perspiration ; he had nausea, and was in great pain. The morphia was repeated. The next morning I found his temperature 104°, pulse 140, respiration rapid and sighing ; pain about the wound, nausea, and vomiting. Directed lime-water in small quantities, and continued morphia. During the three following days there was no material change in either the pulse or temperature. On the third day the dressing was removed, and the water with which the compresses were wet was carbolized. The patient complained of pain, both of the wound and of the bowels ; considerable tympanitis, some nausea; very restless. Directed ten drops of turpentine every three hours; hot flannels to the abdomen, and added milk to the lime-water. Anesthesia of the right side and arm ; difficulty in swallowing liquids even. Pulse 140, temperature 104°. Symptoms of bronchitis developed during the night; frequent and tight cough ; upon examination a well-defined field of dullness extending from the edge of the wound on the

right side as high up as the fifth rib. During a paroxysm of cough two of the sutures on the left upper part of the wound parted. I applied rubber adhesive strips, leaving the wound over the cartilage open for drainage.

9th. General condition same.

10th, 11th, and 12th. Tympanitis less. Expectoration fully established.

On the 12th wound discharged freely. More pain in the chest, and more cough.

13th. Pulse 124, temperature 102°; expectorating freely.

14th. Pulse 120, temperature 101°; bowels moved during the night. From this date to the 17th the symptoms improved.

Morning, 23d. Pulse and temperature normal; removed adhesive strips; sutures came away all but one; still complains of great fullness after food or drink. Wound closed its entire length. Still complains of numbness of right side and arm.

I have reported this case that I might draw attention to the effect upon the nervous system of the irritation at the seat of the injury. On the evening of the third day bronchitis was developed, and along with it inability to swallow even liquids, both of which conditions may be explained by the extension of the irritation to such branches of the pneumogastric nerve as are distributed to the lung and esophagus, while the nausea and vomiting may be explained by like irritation affecting the gastric branches. The anesthesia of the right side of the chest and arm can be accounted for in like manner, viz., reflex irritation of branches of the brachial plexus.

There was another phenomenon in this case of some interest. The pulse-rate on the wounded side was five pulsations less per minute than that on the left, although the thermometer indicated two degrees higher temperature on the affected side than that of the left side. This is, I believe, only another link in the chain of evidence that the sympathetic and pneumogastric nerves exert a more extended influence over the arterial circulation than is generally supposed.

White Hall, Ky.

TREPHINING IN TWO CASES OF HEAD INJURY.

BY W. W. CLEAVER, M. D.

On October 28, 1883, I was called, with Dr. Deboe, to see Mr. M., aged forty-five years, of Washington County. The patient was struck upon the head, in 1867, with a large pistol, which depressed the parietal bones at the lambdoidal suture, unlocking the suture for nearly two inches. He was long in recovering from the injury itself, and it was considered to have left him weak-minded. Pain, sometimes more sometimes less, but continuous, was complained of at the seat of the injury. The patient subsequently married and became the father of two children. Four years since he suffered a severe shock from over-heat, and from this time the pain over the injured spot grew worse. In June last he became a raving maniac, and had to be guarded daily to prevent suicide. He occasionally had for a short time lucid moments. At the consultation we determined to give him the chances of the trephine. His condition was now much worse than ever before.

On the 29th, assisted by Drs. M. R. Palmer and Deboe, I removed a button from over the seat of the depression in the parietal bone. The operation was performed without wounding the dura mater. The patient came from under the ether well, rallied and talked more rational than usual. On the removal of the button, no motion or pulsation being observed in the brain, I suspected an abscess at that point, and naturally feared the operation would prove a failure. The patient did well, however, for three days, and had no more insane talk or behavior. On the fourth day temperature rose suddenly to 103°, and paralysis occurred on one side, with some delirium. The wound looked well, having almost healed by first intention. The patient grew worse, and died the next day, the fifth after the operation. I am now not certain whether he died for want of better drainage, or from abscess of the brain which existed before the operation.

CASE II. In January, 1884, I was consulted by a young man who was having from three to five epileptic convulsions daily. On examination I found a depression in the right parietal bone, caused by a kick from a horse. This, however, he said gave him but little trouble. Over the right orbital arch I found a depression in the frontal bone, also from the kick of a horse sixteen years ago. The depression here, he said, was made by the calk on the horse's shoe, and he was confident that this was the spot where his trouble lay. He had, he told me, been kicked by horses and left for dead on four different occasions, so I thought him a good subject for the trephine. The kick sixteen years ago left him with convulsions which, after continuing for a time, ceased for a period of ten years. In the meanwhile he married and had six children. I represented to him the dangers of the operation and the prospects for relief, etc. The convulsions growing both in severity and frequency, he was anxious for relief of some kind, and I gave him the chances of the trephine.

Assisted by Drs. Mattingly and Palmer, I removed, under ether, a button which covered the depression in the frontal bone made by the heel of the horseshoe. On the removal of the button I found a very thin spicula of bone imbedded in the dura mater which I was unable to remove by the gentle use of the forceps, but picked off piecemeal. I established good drainage, and had the satisfaction of seeing the patient make a good recovery, the temperature going over 100° but once and the pulse remaining at about 80. The day after the operation the patient felt some slight symptoms of his fits twice, but has had no seizures since, and is now well.

LEBANON, KY.

Clinic of the Month.

THE MANAGEMENT OF THE THIRD STAGE OF LABOR.—Wm. J. Smyly, M. D., Gynecologist to the City of Dublin Hospital, read, in the Section of Obstetric Medicine of the British Medical Association, a paper on this subject, from which we copy (British Medical Journal) the following:

The subject divides itself into two parts: first, as regards the mother; and secondly, as regards the child. I shall confine myself to the former of these; namely, What is the best method of conducting the third stage of labor so as to insure the safety of the mother? And here I would state, as the great fundamental truth, the aphorism of Professor Credé, that "the uterus itself should expel the after-birth, and the sooner it does it after the expulsion of the fetus the better. If it does not do so it must be made to, otherwise it may be too late, and the dangers of retained placenta come into force." If this be true, and I can not imagine any grounds for thinking that it is not so, it altogether elimates such practices as pulling upon the cord; attempting to express the placenta from a relaxed uterus; "the imitation of the pains when absent," as recommended in one of our most popular text-books; or the introduction of the hand into the uterus, unless in cases of alsolute necessity. Of all these methods, perhaps the most disastrous is that of pulling on the cord, resulting, as it has done, in its avulsion, entire or partial, with retention of the placenta and membranes; irregular and inefficient contraction, and partial or complete inversion of the uterus, and violent hemorrhage.

If the uterus is the proper agent, not only for the completion of the birth, but also for the extrusion of the after-birth, why not regard the third stage as a physiological process, and just as in the other two observe, unless in case of absolute necessity, a

purely expectant attitude? This inactive method has been adopted in some of the Continental hospitals, and has been advocated by Drs. Ahlfeld, Teuffel, and Kabierske, the last of whom has set forth the following propositions: (1) "The natural powers of normal labor are sufficient for the perfect separation of the after-birth and the completion of the placental stage, and do so much better and more completely without artificial aid than with it. (2) The expectant treatment of the placental stage is free from danger."

The first of these propositions is true, and is borne out by statistics. The method adopted in the Strasbourg clinic was in normal cases expectant: the state of the uterine contraction being from time to time observed, as well as the amount of discharge, and the bladder and rectum were carefully attended to. Thus hours were often allowed to pass without any attempt to remove the placenta, even though lying in the vagina. Out of one hundred cases treated thus, the placenta was expelled in sixty-nine within three hours. This is more rapid than the observations of others would have led us to expect, and was probably in some measure due to the action of the bladder and rectum, for it was usually during an effort to relieve either of these viscera that the placenta was expelled. The old wives' plan of giving the woman a pinch of snuff would be equally efficacious and more agreeable.

By this method it is alleged—and this is the strongest point in its favor—that the membranes, and especially the decidua, are much more completely separated than by a more active one. Instead of being expelled as a thin, and in many places imperfect, membrane, the decidua was found to be by far the thickest portion of the coverings of the ovum. Thus the expectant plan appears to be followed by a better separation of the decidua; but, on the other hand, it is liable to be attended by violent hemorrhages, which not only immediately imperil the patient's life, but subsequently tend to relaxation of the uterus, permitting the formation of clots within its cavity, which by decomposition might occasion putrid infection. Even Kabierske himself

admits that the average amount of blood lost in his cases was greater than that recorded by others; and, though he makes light of this circumstance, there is good reason to believe that it was often sufficient to occasion alarm. It also permits irregular contraction of the uterus, and incarceration of the placenta, necessitating more frequent introduction of the hand, and thus increasing the liability to septic inoculation. Besides the long delay is irksome to all concerned, but is calculated to excite and alarm the patient and her friends. The second proposition, "that the expectant treatment is free from danger," must therefore be rejected as not borne out by facts.

The relative results of the expectant and more active methods of treating the placental stage are clearly shown by the following statistics by Dr. Weir, of Copenhagen:

Cases treated.	Expectantly.	Expression.
Post-partum hemorrhage,	5.78 per cent.	2.3 per cent.
Manual removal of placenta,	1.33 "	0.64 "
Retention of membranes,	1.78 "	2.3 "
Secondary hemorrhage,	0.77 "	0.32 "

From these statistics it appears that the only advantage of the expectant method is that retention of the membranes is less frequent; but, in spite of this, and contrary to what might have been expected, secondary hemorrhage is more so.

The results of the expectant method should teach us to keep a constant control over the uterus, by holding it with the hand and never allowing it to relax. This is the method which has been practiced in the Dublin Lying-in Hospital for upward of a century, and is similar to that introduced into Germany by Professor Credé. A good deal of controversy has arisen as to whether these two methods, namely, the Dublin method and Credé's, are the same or different. I shall, therefore, describe them separately, and afterward compare them with each other.

The Dublin method has been followed in the Rotunda Hospital certainly since the mastership of Dr. Clarke in 1789. It was described by Dr. Dease, of Dublin, in 1783, and by Drs. Hardy and McClintock, in 1848. I shall quote their description (Practical Observations on Midwifery, p. 221):

"Having placed the hand on the fundus uteri, friction and slight pressure are to be made, and if the amount of contraction thereby induced be not sufficient to repress the hemorrhage, it will be necessary to expel the placenta from the cavity of the uterus. In doing this the organ must be grasped firmly, and pressure exerted upon it in the axis of the brim of the pelvis. If the uterus have fallen to the left side, as not uncommonly happens, it must be raised into its natural position before commencing to exert compression upon it. It will also tend much to the success of the manipulation, if it be performed during the presence of uterine action. Indeed, we have sometimes been surprised at the ease with which the placenta was pressed off during a contraction of the uterus, while previously it had withstood our best directed efforts. These measures we have seldom found to fail in getting away the placenta, unless it be morbidly adherent."

In 1853 Professor Credé first published an account of his method. Quite unacquainted with the Dublin practice, he was led to the discovery in the following way. Being frequently called to cases of retained placenta attended with hemorrhage, he found that examining the uterus externally was often sufficient to excite so violent a contraction as to expel the placenta even outside the vulva.

So gratified was he by this unexpectedly favorable result, that he adopted a similar treatment in every case, with marked success. He recommends that, as soon as possible after the birth of the fetus, the hand should be placed over the region of the uterus, making at first gentle stroking movements, until it is felt as it commences to contract beneath the fingers; then, as the contraction reaches its acme, the organ is grasped in one or both hands, the fingers being spread out over it; thus its walls are squeezed together and pressure is made toward the coccyx.

The chief point is to seize the exact moment when the contraction is at its height. By this method, in a favorable case, the after-birth can be expelled by a practiced hand with the first or second after-pain. As a rule, however, it follows with the

third or fourth, that is, in about five minutes. If it do not come, he waits for more pains, and acts in a similar manner with each; it seldom requires more than fifteen minutes. He specially cautions against impatience and violence in manipulation.

Each of these methods has some distinct advantages. By following its contraction the intestines are prevented from falling down in front of the uterus, and thus pressure can be made more directly upon it. By never allowing it to relax, irregular contraction and hemorrhage are avoided so far as is possible. Professor Spiegelberg lays great stress on the importance of this practice. "It is not," he says, "identical with Credé's method. While in the latter the hand is placed upon the uterus after the birth of the child, and by powerful irritation excites it to contraction, I lay the chief stress, after the example of the Dublin Lying-in Hospital, upon the immediate general contraction of the uterus, while through this the separation of the placenta is brought about; and this, not the expression, is the chief point. Thus from the birth of the head, by following the uterus and by mechanically exciting it, I make the contraction which necessarily accompanies the expulsion of the fetus both energetic and continuous. Thus I often obtain rapid separation of the placenta and prevent irregular contraction of the uterus. In Credé's method irregular contraction may set in unobserved between the birth of the child and the commencement of the process, while by the above method this is impossible." The importance of this point is also illustrated by two cases published by Dr. Garrigues, in which violent, and in one case fatal, hemorrhage occurred before Credé's method could be practiced. (American Journal of Obstetrics, May, 1884.)

In Credé's method friction and pressure are more actively and systematically carried out than in the Dublin method, and so the expulsion of the placenta is hurried, but the liability to retention of the membranes is increased. The importance of this latter complication is at present, however, uncertain. The expulsion of the placenta from the vagina by pressure alone, without introducing the fingers into the vagina, is a decided

improvement, and is the natural outcome of antiseptic teaching. That it was not appreciated by the Irish obstetricians more than one hundred years ago is not to be wondered at, yet Dr. Garrigues has seized upon this one point to disparage altogether what he contemptuously designates the "so-called Dublin method." It is much more surprising that he should himself, according to his own confession, have practiced until eight years ago "the old way of pulling on the cord."

My belief is that a mixed method, combining the advantages of the Dublin with those of Credé's method, is the best possible. The following are the most important points to attend to: Follow the contracting uterus as it expels the child, and by pressure and friction make this contraction energetic and permanent. Never let it go, unless compelled to do so; and then always provide a substitute, the nurse, a friend, or even the patient herself. It is wrong to resign such an important function simply to tie and divide the navel string. During a contraction press the uterine walls together, and the entire organ toward the coccyx. When sudden flattening of the uterus shows that the placenta has been expelled from it, then by strong pressure downward drive it out of the vagina. The placenta should not be shot out upon the bed or into a vessel held against the buttocks, since the membranes are thereby liable to be torn across, but it should be received in the hand at the vulva, and rotated so as to twist the membranes into a firm cord which is easily withdrawn, without, as a rule, leaving any portions behind. Should this accident, however, occur, I think it is less dangerous to leave them than to introduce the hand for their removal; but should they prove a cause of hemorrhage they must be taken away.

Finally, I quite agree with Dohrn, Runge, and others, that beneficial as is the active method when properly employed, just so injurious is it when unskillfully carried out. The hasty and violent expression of the placenta from an imperfectly contracted or relaxed uterus is a frequent cause of retention of the membranes and portions of placenta, as well as the violent hemorrhage and fever.

Mr. Olpherts said the longer he continued to practice, the more was he satisfied with the practical benefits of the Dublin plan of treatment of the third stage of labor. As a medical officer of a large country district, he must also take into consideration the utter impracticability of the expectant treatment where much of the practice was at a considerable distance from the residences of medical men. They could not wait for long periods, nor could they with safety leave their patients in charge of midwives. There was also the risk of injury to the mother, liable to ensue from prolonged anxiety.

Dr. Kidd considered that one hour would be too long to wait for the expulsion of the placenta. After thirty minutes he would resort to measures for its removal, believing that, in case of irregular contraction or morbid adhesion, a longer delay would increase the difficulty of introducing the hand.

Dr. Mullan thought one point was not clearly brought out, the need of giving the uterus rest after it had expelled the child. The uterus was a muscle, and, like all muscles, became more or less exhausted by effort. After a few minutes' rest the uterus would expel the placenta, when otherwise it could not do so.

Dr. Walter said that there was one very important item in the treatment of the third stage of labor which had not been alluded to by the previous speakers, namely, the advantage to be obtained by placing the patient on her back as soon as the second stage of labor was completed. In this position, any clots that had formed could more easily escape, while the attendant had more perfect control over the uterus. If slight frictions and gentle pressure over the fundus were insufficient to excite uterine contractions, the organ would be more firmly grasped, one hand being placed against the anterior wall and the other against the posterior. By this means both walls of the uterus would be pressed together; if downward pressure of the uterus was needed, it could be resorted to at the same time, and much more efficiently than if the patient had continued to lie on her side.

Dr. Murphy said that the management of the third stage of of labor was of very much greater importance than was gen-

erally imagined. He agreed with Dr. Playfair, that the man who was continuously meeting with cases of post-partum hemorrhage did not know his work. It was a lamentable fact that, as Dr. Smyly had stated, some practitioners still attempted to remove the placenta by traction on the cord, though Dr. Matthews Duncan pointed out long ago that instead of the placenta doubling up and emerging from the os, the center protruding first, the placenta folded upon itself and emerged edgeways. In his own practice he always gave a full dose of ergot a quarter of an hour before he expected the birth of the fetus. He then held the uterus with his hand, following it well down, and kept up gentle but firm pressure till the placenta came away. To do this he got the nurse to tie the cord and to cut it, and if he found the uterus not contracting, he applied a little friction; if he found the uterus hardening, he got his hand well on top of and behind the uterus and firmly squeezed out the placenta. The result was that he seldom saw more than a few drops of blood.

Mr. Watt stated that his experience of the expectant treatment had been confined to cases where he arrived after completion of the second stage, and that his experience of post-partum hemorrhage was limited to these same cases. He thought it the imperative duty of the medical attendant, following down the uterus during the expulsion of the fetus, to retain it there, keeping the uterus under his personal control until the expulsion of the secundines and permanent uterine contraction had taken place; as, in many instances where he had intrusted to women, however experienced, the duty of keeping up manual pressure after the birth of the child, he had found on resuming his post the uterus enlarged by less or more internal hemorrhage.

Dr. Elliott was much struck by the entire omission from Dr. Smyly's paper of one most important point; namely, to be perfectly sure that the placenta was entirely separated before making any attempts at expulsion, whether by expression, traction on the cord, or any other method. The evidence of separation of the placenta was the pulseless and flabby state of the

cord. When this was obtained, then each case could be treated on its own merits. If there were hemorrhage, more or less active intereference was required. If there were no hemorrhage, there really was no need for active interference, and simple means, such as gentle friction or expression, would often cause the placenta to come away.

The President (Dr. Godson) considered that very different ideas were entertained as to the meaning of the terms "expression of the placenta" and "expectant method." He could not overestimate the importance of placing the hand on the uterus immediately after the birth of the child, and keeping it there, if possible, until the separation of the placenta. Gentle kneading of the uterus to excite contractions was one thing, and forcing out the placenta, which invariably turned the membranes inside out, with a great tendency to leave some portion behind, was another. Such a plan was objectionable, and should only be had recourse to in case of hemorrhage or continued inertia, which the administration of ergot of rye and beef tea, and perhaps a small quanity of stimulant, would not overcome. Compression of the uterus after the removal of the placenta, to expel clots, was of great use; but if the uterus could be coaxed to expel the placenta itself—a fair amount of patience being exercised—it was far better than forcibly expressing it. (British Medical Journal.)

THE THERAPEUTICAL APPLICATIONS OF ELECTRICITY.—Dr. W. E. Steavenson, electrician to St. Bartholomew's Hospital, writes, in the British Medical Journal:

There is no way of applying electricity for curative purposes except by moving about the electrodes, and applying it locally and intelligently for the particular affection it is intended to relieve. Its application should not be permitted to pass out of skilled hands. If, in certain cases, a medical man should, after instructing a nurse, allow her to apply it, as in a case of infantile paralysis which requires the treatment every day for months, he should still hold himself responsible

for the treatment, and from time to time see that it is being carried out properly. There are so many points at which electrical treatment may break down that it is impossible to prescribe it for the public for self-application without bringing the whole method into disrepute. In these cases of infantile paralysis to which I have alluded, where parents are seldom able to afford the expense of the continual application of electricity by a qualified man, I have found the most absurd mistakes occur, even when the nurse has been duly instructed in the mode of application. Parents have complained that they see little improvement in their child, and, on examining the battery, it is found that there is no current generated, possibly there has been no current passing for weeks, but the nurse has been diligently rubbing the leg daily with the electrodes attached to the battery. At another time, the nurse is asked to go through her usual performance to show how she does it, and it is found that she has been diligently rubbing the inside of the leg from the time she was first instructed, when the region of the peronei muscles and tibialis anticus had been particularly pointed out. Many of these mistakes occur with adults. They mix up the positive and negative poles, or, when electricity is advised for some abdominal complaint, they buy a magneto-electric machine, hold the two handles, and allow a very unpleasant current to pass from one arm to the other, the rest of the body being left almost completely out of the circuit. As no beneficial result follows, they lose their faith in electricity.

In cases of paralysis due to cerebral lesions, that is, when rigid arteries are known to exist, or when softening of the brain is expected, the employment of electricity is not unattended with danger. In fact, fatal apoplectic fits have been known to follow quickly on its use. (Golding Bird.)

In cases of contraction and rigidity following hemiplegia, the result of a descending irritative lesion of the lateral columns arising from the seat of the injury in the brain, the use of electricity, although generally recommended, has not, as a rule, been found to produce much benefit. It very possibly prevents

matters from becoming worse, or at least retards the progress of the contraction.

Most of the cases of palsy due to pressure on nerves, as from the use of a crutch, or from persons in a state of intoxication going to sleep on an arm when over the back of a chair or some similar object, will usually recover with galvanism more quickly than when left to themselves. In severe cases the muscles for a time lose their faradic contractility. In cases of paralysis of the bladder, we have also found galvanism most useful. This condition may be produced by overdistension, due to pressure on the neck of the bladder by an anteflexed or gravid uterus; in some cases it is due to peritonitis. In cases where there has been overdistension followed by incontinence, electricity has been found to quickly restore the muscular tone of the bladder. I have had cases in which the urine has been drawn off by the catheter for months recover after about six or eight applications of electricity. It is also most useful in the nocturnal enuresis of children. The positive electrode is placed under the back about the region of the lumbar enlargement of the spinal cord, and the negative applied either above the pubes or to the perineum. The results obtained by treatment of the genito-urinary organs by electricity are among the most satisfactory; and I attribute this to the fact that the whole nervous supply of these organs can be easily included in the circuit, the centers which preside over them being situated in the lumbar enlargement of the cord.

Dropped wrist, from lead-palsy, is also most frequently cured by galvanism, even after there is complete loss of faradic contractility; in these cases, of course, the treatment has to be continued for a much longer time. Dr. Golding Bird records cases of lead-palsy cured by statical electricity in which sparks were drawn from the spine. This method was found useful when all others had failed.

In all rheumatic affections electricity is particularly useful; rheumatic paralysis yielding readily to its application. I have also had many cases of muscular rheumatism in which the pain

and stiffness had been relieved as if by a charm. Several cases of severe lumbago I include under this head.

Facial paralysis is another affection that also, in the great majority of cases, yields more or less speedily to galvanism. I have had one case quite lately, in which paralysis followed some injury to branches of the facial nerve during an operation for the removal of a parotid tumor. There was, at first, almost complete paralysis of that side of the face; it is now difficult to detect the affected side. But there are some cases of facial paralysis which are most obstinate, especially those of long standing.

In those depressed conditions of the system where there is no specific disease, but general prostration and want of energy following severe illness, mental shock, anemia from over-lactation, flooding or leucorrhea, general galvanization has a most exhilarating and revivifying effect; and it does not seem to be followed by any unpleasant or depressing reaction, as is noticeable with the use of other stimulants. The patients I have had in this state have chiefly been ladies who have been sent to me to try electricity. They all express the wonderful restorative and refreshing effect they experience; they seem to be much more influenced by electricity than men are. This mode of using electricity can be most easily accomplished by the use of the galvanic bath, in which the whole frame comes under its influence. Male patients to whom I have given the electric bath express themselves as feeling most exhilarated by it. They like it immensely, and the light and buoyant feeling it gives lasts the rest of the day. This is a form of nerve-tonic which, I think, has been too much neglected by the profession.

In hysterical affections of all sorts, electricity seems to be the therapeutic agent which less frequently fails than any other, in whatever form it may be applied. I have had many cases of the kind, hysterical joints, hysterical paralysis, hysterical constipation, aphonia, and many of the other numerous diseases which this affection simulates; I may say that almost every case has either been cured or relieved by this mode of treat-

ment. One case of hysterical hemiplegia, under the care of Dr. Gee at St. Bartholomew's Hospital, was cured by four or five applications of static electricity. The patient was placed on an insulated couch, charged with electricity from a frictional machine, and sparks taken from the affected side.

I have had no experience in the treatment of chorea by electricity, but in the Guy's Hospital Reports this seems to be one of the diseases most easily cured by its use. The plan adopted and first employed by Dr. Addison was to take sparks from the spinal cord. Dr. Golding Bird records thirty-seven cases, thirty of which were completely cured. Sir William Gull has also informed me of the great success he had in the treatment of chorea by electricity when he had the electrical department of Guy's Hospital under his care.

Dr. Golding Bird also says: "In electricity we possess the only really direct emmenagogue with which the experience of our profession has furnished us. I do not think that I have ever known it fail to excite menstruation where the uterus was capable of performing this function."

In several cases of hysteria which have been accompanied with amenorrhea of many months' standing, one of the first effects of electrical treatment has been to restore the menstrual function. I have also noticed the very marked way in which it affects the uterus when I have galvanized patients for affections entirely unconnected with that organ. I have, on several occasions, refused to galvanize patients who have been pregnant; in one case referred to me for treatment for paralysis of the bladder, the galvanizing was followed by a miscarriage.

I have found the electrolytic action of the positive pole very useful for the destruction of nevi, according to the method advocated by Dr. Newman, of Stamford.

Sciatica, which is one of the most troublesome affections to treat, yields, as a rule, rapidly to the application of electricity.

All forms of neuralgia, in whatever part of the body situated, can generally be relieved by galvanism.

Dr. Barnes wished to draw attention to the necessity there

was at the present time, when electricity was coming more into use, that there should be some definite meaning attached to the words electricity, galvanism, and faradism. Descriptions were constantly given in the journals of treatment by electricity. What was meant by that, the one kind or the other? In a section of this kind the same indefiniteness of language should be avoided, but Dr. Steavenson wound up his paper by saying that certain cases of sciatica were cured by electricity, and cases of neuralgia very often benefited by galvanism. Did Dr. Steavenson mean that cases of sciatica were cured by static electricity, or by the galvanic current? He himself had found the second of very great service, but not the first; and it was a point of some importance.

Dr. Steavenson, in reply, admitted that there was a great laxity about the use of the word electricity, and he was afraid he had, in his paper, fallen into the same lax way of speaking. In this particular case of sciatica, it was galvanism, or the constant current, that was used. Indeed, he had had only one case that did not get quite well with it. In the neuralgic cases, the word electricity would be quite correctly used, because one form seemed to do in the one, and another in the other.

The President (Dr. Maclagan) observed that the whole subject was still in its infancy. No doubt a large number of cases did well under the treatment. But it was not always easy to distinguish between the *post* and the *propter hoc;* and he thought the discussion would help that to some extent.

Dr. Hughes Bennett said that the prospect of successful treatment in a variety of affections by electricity was so encouraging that care was to be taken not to cause disappointment by exaggerated statements, or a too liberal promise of marvelous cures. The result of ten years' experience as physician to a hospital for nervous diseases had not always permitted him to indorse the confident assertions and universal successes of others with admittedly more limited opportunities. Premature conclusions might be the means of making a really valuable therapeutic agent unpopular, and bringing it into disrepute.

Although our knowledge of the subject was still imperfect, there was sufficient evidence to show that, intelligently employed, electricity might be utilized with advantage for the relief, or even for the cure, of disease.

THE TREATMENT OF INTUSSUSCEPTION.—Mr. Frederick Treves, Surgeon to the London Hospital, in a paper recently read before the Medical Society of London, said the treatment of intussusception should be prompt and active, and no reliance is to be placed upon expectant measures. In dealing with the detail treatment of intussusception, it will be most convenient to limit the matter to the treatment of the acute and subacute forms.

I think that, as the very first element in the treatment, opium should be given. It has been shown that intussusception depends upon disordered peristaltic movements in a limited segment of the bowel. This may be considered to have been proved by the remarkable experiments of Nothnagel for producing artificial invaginations in animals. Certain, at least, is it that the intussusception increases by the sole aid of the muscular movement in the bowel. Opium stills all peristaltic movements, and places the bowel in a condition of physiological rest. When a patient is under the influence of the drug, the intussusception can not well increase in size, although the process of strangulation may still progress. The pain, moreover, is checked, the symptoms of shock are relieved, the pulse improves, the temperature rises, and the vomiting becomes less frequent and less distressing. There is, as I have already said, little doubt but that certain cases of intussusception have yielded to the early and vigorous use of opium, although in such instances but slight changes can have taken place in the intussusception. By the administration of the drug, moreover, the patient is placed in the most favorable possible position for the employment of further treatment. If attempts be made to reduce the invagination by enemata, the injections will be brought to bear upon a bowel whose walls are inert and not responsive to irritation. The enemata then excite no undue peristaltic movement, but can act with their

full force upon the invaginated parts. Or, if again laparotomy be performed the intestines will be found to be quiet and still, and not in a state of turbulent unrest. The drug must be given with caution, and its effects closely watched. It must not be forgotten that opium may mask the principal symptoms, and may bring about so great a relief that the surgeon may be misled into believing that a permanent cure has followed.

With regard to the question of feeding, no nourishment should be given by the mouth in acute cases. At the most, the patient may have a little ice to suck. In acute cases the question of feeding does not really arise. If any treatment be adopted at all, it must be adopted early, and, before the question arises of keeping the patient alive with food, he will be either convalescent and well able to take nourishment, or on his way to death and beyond hope. Much harm is done by pressing food upon the patient in acute cases. The food is rejected almost as soon as it is received. If retained in the stomach, it will not be digested; and if it pass into the bowel, it will merely excite peristaltic action. It can do no possible good; it may do much harm. If much thirst be complained of, it can be relieved by enemata of pure water; and in certain exceptional cases nutriment may be given by the rectum. In subacute cases, when the vomiting is not marked, small quantities of food must be administered by the mouth or by the rectum. In chronic cases the feeding of the patient is one of the most important elements in the treatment.

The next element in the treatment consists in attempting to reduce the invagination by enemata. In acute cases this measure should be adopted as soon as the patient is under the influence of opium. In a really acute case no benefit can be expected to attend the use of enemata after—as an extreme period—the second day. Forcible enemata given at a later stage, in acute cases, have led to rupture of the bowel; and even when such an accident has not occurred they have appeared to do little but harm. In subacute cases successful reduction by injection has followed at almost any period of the

disease, even after ten, fourteen, or twenty days have elapsed. With every day that passes, however, the chances of such reduction very rapidly diminish. In this treatment some use enemata of water and others insufflation of air. The former means is certainly to be preferred. In infants and quite young children the enema should be administered while the patient is under the influence of chloroform. In older subjects no anesthetic is required, and the patient's sensations are of the greatest value in estimating the amount of force to be employed. In any instance opium should have been previously administered. Pure water should be used at a temperature of 99°. Cold water merely excites peristaltic movement. The injection should be effected slowly, either by means of a siphon apparatus or the very excellent instrument for air-inflation introduced by Mr. Lund. By means of the elastic pad and handle of the last named instrument all escape of fluid from the anus can be well prevented.

No rules can be given to determine the amount of force to be employed. The more recent the case, the more considerable may it be. In subacute cases the degree of pressure employed should be at least moderate. In any case the injection should be retained for at least fifteen minutes. The best position in which to administer the enema are the knee and head, knee and elbow, or lateral abdominal. It is difficult to understand how inversion of the patient can be of the least assistance in applying this treatment. For an inflation there is no instrument so admirable as that introduced by Mr. Lund.

Enemata of carbonic acid in these cases are, I think, to be decidedly condemned. A considerable degree of success has attended the treatment by enemata and air-insufflation; and it is probable that the results would be still more fortunate if more careful discrimination were exercised in the selection of cases suitable for these methods. In not a few instances the invagination has been reduced, with the exception of the part about the neck. Some relief has followed for a while such partial reductions; but it has been temporary, and the disease has progressed,

after an interval, with its original force. As the result of this treatment is best to be estimated by a repeated examination of the invagination-tumor, it may be observed that such a tumor is to be discovered either through the abdominal parietes or the rectum in nearly fifty per cent of all the cases. It is most common in the ileo-cecal and the colic forms; most rare in the ileo-colic and enteric. It is usually more distinct in children than in adults.

Failing reduction by these means, I would urge that, in acute and subacute cases, laparotomy should be performed without delay. It is the delay, and not the operation, that is so serious in these cases. As well might a surgeon hesitate to perform kelotomy in a case of strangulated hernia after all attempts at taxis have failed. Laparotomy is regarded as a last resort in these cases, whereas it should be looked upon as the first resort. There is no middle course open. Of certain other modes of treatment, such as that by massage, electricity, the use of metallic mercury in large doses, it can only be said that they waste precious time, and are merely useless when not harmful. Their employment is in opposition to the chief teachings to be derived from a study of the pathology of the disease. Modern surgery has shown that the opening of the abdomen is by no means a serious undertaking; and in discussing laparotomy in these cases, there is this operation on the one hand, and a disease with a mortality of seventy per cent on the other. I have already pointed out how slender are the prospects of spontaneous cure. Still more slender are the prospects of the acute or the subacute disease becoming chronic. It is only in a very small percentage of cases that this change from acute to chronic disease has been noticed; and it must, moreover, be remembered that the mortality of chronic intussusception is exceedingly high. Among fifty-nine examples of the chronic disease collected by Rafinesque, there were no fewer than fifty-one deaths. It is true that the present mortality after laparotomy in intussusception is very high; but it can be shown distinctly that this is due to the delay in the operation, to the custom of

regarding it as a last and desperate resource. A like high mortality would attend ovariotomy if that proceeding were, as a rule, postponed until peritonitis had set in, or until the cyst had become gangrenous, or had ruptured.

When it is remembered that, of those who die of intussusception, no fewer than eighty per cent die before the seventh day, it will be obvious that the surgeon is dealing with a disease that will not brook much delay.

I would urge that, in really acute cases, the operation should be performed within the first forty-eight hours, and, if possible, within the first twenty-four hours, when the patient is an infant or a very young child. The frightful mortality of the disease among such patients would sanction almost any operation.

The procedure, when undertaken, should be carried out with strict antiseptic precautions. In all but exceptional cases, the incision is most conveniently made in the middle line below the umbilicus. The whole area of the abdomen can be well explored through such an incision, and any form of invagination dealt with. If the incision be made over a tumor in any other part than the middle line, the surgeon is rendering himself dependent upon a very precise diagnosis, and in case of extensive invagination may find his manipulations much hampered by the position of the wound. The intussuscepted mass should be, as far as possible, exposed in the wound, and attempts at reduction made in cases where the state of the gut would encourage such attempts. Reduction of the invagination is best effected by dragging upon the entering bowel with one hand, while the intestine about the lower end of the intussusception is gently squeezed with the other. If the bowel be found in a viable condition after reduction, the coil may be replaced in the abdomen, and the parietal wound closed. I am strongly of opinion that a drain should be introduced into the abdominal cavity when any evidences of more than limited peritoneal inflammation exist. The principal feature of the after-treatment should be the maintaining of perfect rest in the bowel—an end effected by the administration of opium, and by feeding the patient, as far as possible, by the rectum only.

The general mortality of laparotomy in intussusception is 72.7 per cent, as estimated from thirty-three recorded cases. In the instances, however, where the reduction was easy, the death-rate was only thirty per cent; while, in the cases where it was difficult or impossible, the mortality was 91.3 per cent.

It it difficult to too strongly condemn violent and long-continued attempts at reduction in these cases; and it is needless to criticise certain cases in which a portion of gangrenous bowel has been allowed to remain in the abdomen after the operation. Should the reduction of the invagination be difficult or impossible, or should the bowel be severely damaged, or in a state of partial or complete gangrene, the whole of the involved parts should be at once resected. The involved segment should be drawn out of the wound and placed upon a flat sponge, so that any escaped matters may be absorbed. The opening into the abdomen also, all around the involved loop, should be plugged with sponges to prevent the entrance of fecal matter into the peritoneal cavity. The intestine, above and below the part to be resected, should then be secured by one of the many clamps invented for the purpose. The diseased bowel should now be excised, together with a triangular piece of the mesentery, the base of the triangle corresponding to the portion of bowel to be removed. The mesenteric arteries will need to be secured. The edges of the gap in the mesentery should then be approximated by means of many points of minute suture; and, finally, the divided ends of the bowel should be secured to the margins of the abdominal wound and an artificial anus established. This artificial anus can, at a future time, be closed by the now familiar resection operation, and the loop, so united, returned into the abdomen. The practice of uniting the divided ends of the bowel immediately after the resection is, for many very pressing reasons, to be condemned.

It may be well to point out that neither enterotomy nor colotomy can lay claim to be of value in the treatment of non-exceptional cases of intussusception. These operations certainly relieve the obstruction; but they leave in the abdomen an in-

vaginated intestine in which the process of inflammation and gangrene can still advance.

The operation of resection has now had an extended trial. Reichel, in a recent paper, collected one hundred and twenty-one cases in which the procedure was carried out. The technical details of the operation have been elaborated, and this method of treatment bids fair to play an important part in the future of abdominal surgery. (British Medical Journal.)

ANTIPYRIN—THE NEW ANTIPYRETIC.—A. C. Girard, M. D., Captain and Assistant Surgeon, U. S. A., writes of this agent, in the Medical News, as follows:

Antipyrin was first produced by Dr. Knorr, of Erlangen, from coal tar. Chemically it is a dimethyloxychinin, an alkaloid. In commerce it is in the form of a muriate. It is a grayish-white crystallized powder, with a weak, tarry odor and somewhat bitter but supportable acrid taste. It is easily soluble in alcohol and in less than fifty per cent of lukewarm water, from which it deposits but very slightly on cooling. Alkalies liberate it, iron chloride colors it reddish-brown, potassium chromate causes a yellow deposit, nitrous acid tinges it green, even in a solution of 1 to 10,000. Long exposure to light darkens the powder.

It is prepared (so far in rather limited quantities) by Messrs. Meister, Lucius & Brüning, and Höchst, of Germany. Both preparation and chemical composition are a secret and protected by patent. The price is about half that of quinine (while the doses used are double).

Antipyrin has been experimented with in a number of febrile diseases, although its best effects have been found in abdominal typhus and phthisis.

Biermer, Demme, and Pribram report in detail a number of cases of typhus treated with antipyrin alone, and all with a favorable result. The remedy causes the longest apyrexia in this disease. Although only the temperature and the pulse are visibly affected as a rule, still usually the duration of the disease was lessened—in one case the number of stools decreased.

Usually the sensorium of the patients remained remarkably free, and the appetite, even at the height of the disease, was remarkably good. In no case were there any complications or relapse. In order to hold the temperature experimentally down to the normal height, Pribram used in one case in seven days eight drams in twenty doses; in another in twenty-four days four ounces, and in a third in six days five drams. His other six cases received doses of from fifteen to thirty grains only, when the temperature rose to 104°, with an average duration of twenty-five days in five; the sixth died on the thirteenth day.

In tuberculosis the remedy has had continually good results. Without hindering the progress of the disease it prolongs life by preventing the rapid waste consequent upon the high temperature and the favorable influence it has upon the appetite.

In pneumonia, while it does not cut short the disease, it improves the chances of the patient considerably, and at the same time ameliorates his subjective sensations and lessens the dyspnea. Large doses seem to be well borne in this disease. In one case seven drams of antipyrin were given in four days in nineteen doses, followed by permanent apyrexia; in another in one day one dram in three doses, with following convalescence (fifth day); in another in six days six drams in eighteen doses; in another seven drams in thirty-four doses in six days; in another on the seventh (probably critical) day one dram in three doses, the total duration being eleven days.

In erysipelas Demme used it in children in two cases, and found that while the disease was not stayed, the general condition of the patients remained remarkably favorable—one was caused by contusion of the pustules of vaccine, the other a consequence of intertrigo of the nates. Dr. Alexander reports also favorable results from the clinic of Biermer.

In intermittents, according to Biermer, the fever could be arrested when antipyrin was given at the outset, *but its reappearance was not prevented.* Given during the height of the fever, even, it shortened it. Naunyn's observations were entirely negative. In one case he gave as much as six drams in twenty-four hours without effect.

Antipyrin has, further, been used with good results in scarlatina, diphtheria, pleurisy, etc., as an efficient antipyretic. Injections of a one-per-cent solution in gonorrhea were well borne, but appeared to be no more useful than the usual preparations.

Pribram gives the following *résumé* of the effects and uses of antipyrin, which embodies also the views of most of the other observers:

1. It is a reliable remedy to reduce fever temperature and its concomitant ill-effects (pulse, respiration, dry tongue, delirium).

2. It shows its effect in disease where quinine, even in large doses, has none.

3. Its ready solubility, compared to the latter, makes it more desirable.

4. It can be administered successfully per rectum.

5. It is to be preferred to the use of cold water on account of simplicity of application and easy control.

6. It surpasses kaïrine on account of its prolonged effect and the absence of chills and collapse.

7. It seems to be particularly suited for the treatment of typhoid, phthisis, and pneumonia.

8. It appears to be less effective against acute rheumatism than salicylic acid.

9. In tuberculosis it lessens the loss of weight in advanced cases. It does not influence perspiration.

10. It appears to influence or even prevent the formation or secretion of substances giving the "diazoreaction."

11. Of evil effects we have only sometimes observed vomiting or the appearance of an exanthema. Only in one case we had collapse, which, however, was promoted by other causes. But until further investigations it will be well to be cautious in its administration, especially in debility of the heart. This latter is not an absolute contra-indication, but necessitates the additional exhibition of strong excitants. During the fall of temperature the tension of the blood-vessels increases.

12. We may, therefore, considering every thing, pronounce antipyrin as a useful addition to the materia medica.

13. Concerning the mode of administration, it will be well, for the present, to follow Filehne's advice to give, in the afternoon, thirty grains, and then, as requisite, hourly doses of fifteen grains for adults in all diseases of pronounced type, as generally it is not necessary entirely to suppress the fever, but only to prevent the evil effects of continued high temperature. In tuberculosis, when the type is frequently inverted, the hour of administration would have to be changed. Individualization is, however, to be practiced in every case.

As to the mode of administration, it may be per orem, hypodermically, or per clysma.

The doses and intervals have been indicated. The form may be either powder or solution. If given in powder, it is best dissolved in wine (tokay), but only at the time of administration; otherwise the coloring matter of the wine is precipitated by the antipyrin. In mixtures the taste is readily disguised by syr. naphæ or rub. id., or else by the addition to simple syrup of a few drops of spir. citr., spir. meliss., or spir. menth.

Its hypodermic use is discountenanced by some as likely to give rise to local inflammation and abscesses. Rank is, however, particularly in favor of this mode of administration, and summarizes his views on the subject in about the following manner, viz: Used hypodermically, it causes a more marked and rapid fall of temperature than when used internally. The doses necessary are smaller and less frequent. A solution of 1 : 0.5 aq. is to be preferred; the place of injection the gluteal region. Hypodermic application causes neither general nor local derangement. It is to be preferred, except where rapid fall of temperature may be dangerous, as in children or weak persons.

THE TREATMENT OF LUPUS.—J. Herbert Stowers, M. D., Physician to Department for Skin Diseases, Northwest London Hospital, said, before the British Medical Association, on this subject:

The special advantage of the process of erasion advocated

by Volkmann is, that when the scoop is applied with considerable force all the diseased tissue or cell-growth, which is exceedingly vascular and friable, immediately breaks down and is removed, while the healthy surrounding structures of the skin are too dense and fibrous to be included in the operation.

Those who have had experience in this method will concur as to the remarkable way the soft, spongy, boggy tissue yields to the scoop, and how much more certainly can the extent and depth of the disease in this manner be estimated. All the cases I have treated thus have been of long duration, and the new growth in each has existed over an extensive area.

The operation should not be undertaken except with the aid of an anesthetic, for much of its after success depends upon the complete removal of every tubercle, and consequently occupies a considerable period of time. With so vascular a structure, also, much hemorrhage results which should be entirely arrested before the solid nitrate of silver is used. I repeat—for it can not be too carefully noted—that thorough eradication of the abnormal growth must be secured before the scoop is laid aside. In several instances I have operated upon large masses of disease situated over the great vessels of the neck, and, despite the force required, I can truly assert that with even moderate care no danger occurs of wounding them.

When the process of scraping is completed, and the hemorrhage arrested (local depletion being doubtless an aid to results), the serous discharge escaping from the wounds should be carefully soaked up with clean blotting-paper. Attention to this latter point will obviate the risk of the dissolved caustic running over the surrounding healthy integument, and so adding needlessly to the suffering of the patient.

It is necessary that the nitrate should be pushed deeply into the holes and interstices left by the instrument; in fact it should be made to burrow into the tissues quite as extensively and deeply.

Considerable inflammation of course follows, which assists ultimate absorption; but the intensity of pain does not last nearly so long as that attending the use of other caustics.

The parts should be dressed with lint well saturated with carbolized oil, the next day more oil being allowed to run under the dressing. The second day after the operation, when suppuration has commenced, fresh carbolized-oil dressings should be applied, and so on daily. So severe is the smarting if water be used, that it is preferable, until the discharge is considerable, to cleanse the part by gently rubbing with lint dipped in olive-oil, to which a drop or two of carbolic acid may be added. Later, when the sloughs are separating, a weak carbolic-acid lotion is advisable for the same purpose, and may with advantage be used with a syringe.

In the cases under my care, which have been so far attended with permanently good results, it was necessary to repeat the operation at intervals varying from six to eighteen months; and in some several repetitions have been compulsory. But I contend, and that very strongly, that if every new tubercle be immediately attacked, the instances will be few and far between, if any, in which, with the addition of appropriate internal and constitutional treatment, the tendency to new development will not be outmatched.

The destructive results of this rebellious affection are too well known to require a word more in this direction; suffice it to say that in five cases at least I have secured noses marked now with a relatively limited scarring, which would otherwise (if left without local treatment) have broken down by extending disease and secondary ulceration to the production of irremediable and hideous deformities.

The natural tendency to recur must never be accepted as sufficient reason for not contending again and again with the disease until that age or condition of health be reached which will secure lasting and permanent immunity.

I would recommend not less strongly, that any neighboring tissue while suspicious in character, though not readily breaking down under the scoop, should be freely submitted to multiple punctiform or linear scarification combined with a liberal use of the solid nitrate of silver. (British Medical Journal.)

MULLEIN IN CONSUMPTION.—DR. F. J. B. Quinlan writes to the British Medical Journal that the mullein does not take away the appetite; on the contrary, the mullein-milk is really liked by the great majority of phthisical patients. It is found to be soothing and cordial; and I have seen few who dislike it, and none who were unable to swallow it, as often occurs with cod-liver oil.

In the beginning of my research, I occasionally asked myself whether the implicit faith and confidence of the Irish patients in their old national remedy was not at the root of the matter. Experience soon showed me that it was not, at least, entirely so; for, although a patient's confidence in a medicine will do much, it will not increase bodily weight, as the mullein-milk did.

What I claim for mullein is, that in early or pretubercular phthisis it is weight-increasing and curative to a greater extent than even cod-liver oil; that it is best taken in the milk-decoction; and that it is not a disagreeable remedy. In the later or incurable stages it relieves phthisical cough and prevents phthisical diarrhea. I am astonished at Dr. Richardson's conclusion that in the treatment of phthisis it is useless. It is consolatory to contrast this statement with the mass of favorable evidence which I have received from almost every part of the United Kingdom, and even from the Continent.

Disappointment has sometimes been experienced in this treatment from the fact of patients having used some of the other members of the verbascum or mullein family in place of the "great mullein" (the *verbascum thapsus*), with its thick, woolly, and mucilaginous leaves. This is the proper remedy, and the other mulleins are useless for this purpose. Of course, I have no right to assume that Dr. Richardson did not use the correct mullein, nor do I presume to do so.

Putting entirely aside my favorable testimony, and that of many others, I would ask medical men to consider whether Dr. Richardson's assertion (that the mullein is useless in the treatment of phthisis) can be correct. This herb, which is elsewhere

a neglected field-weed, is in Ireland grown on a great scale, in obedience to the steady demand of phthisical sufferers. It is constantly advertised in the newspapers, and is an article of ordinary herbal commerce; and this has been going on during my entire recollection. That this would have occurred unless the remedy were practically found to have some real value I can not imagine.

Dr. W. Connor also writes: A shepherd, after suffering for many years from a winter cough, had to give up work and was taken into hospital, where he was kept for three months. He was discharged as incurable, and was taken home to die. A neighbor persuaded him to try the mullein-plant. He boiled a pound of the root in two quarts of water until it was reduced to one quart, and took half a wineglassful three or four times a day. His cough was very soon relieved, and he rapidly gained strength and increased in weight, and was able to resume work. He has had many a winter cough since, but it soon yields to his old remedy. Many people in this part of the country use the root for winter coughs, but I have not heard of the leaves being used.

Dr. Whitla, in his work on Therapeutics, draws attention to the usefulness of the leaves as recommended by Dr. Quinlan, but does not mention any thing about the root, which certainly has wonderful expectorant and lung-healing qualities.

THE TREATMENT OF GOITRE.—The Medical Record sums up the recently-published views of Dr. P. Bruns, of Tübingen, on this subject:

The kind of treatment must necessarily vary with the nature of the thyroid swelling. Parenchymatous goitre should never be confounded in this respect with the cystic variety. In the former, treatment by iodides, both externally and internally, is always advisable before recourse is had to more energetic but also more dangerous therapy. Experience has shown that iodides will prove of decided and lasting benefit only in those cases where marked effects quickly follow their first use.

Parenchymatous injections of iodine are at times very efficacious. But it is to be borne in mind that they are not without danger. Fatal consequences have resulted in more cases than one. The only radical measure of relief, however, consists in removal of the offending tumor. For all other operative procedures have been found to involve greater dangers and extend smaller chances of success than extirpation.

Cystic goitre is not amenable to treatment by the iodides. Puncture of the cystic cavities, followed by the injection of tincture of iodine, has been found to succeed in some cases. Billroth, indeed, claims twenty-nine cures out of a whole number of thirty-five cases treated in this way by him. From a careful study of a large number of cases of this class Bruns concludes that patients showing signs of disturbed laryngeal innervation should not be subjected to treatment by injection. As regards the operation of extirpation, the author pronounces it almost devoid of danger in uncomplicated benign struma. But he warns against complete removal of the thyroid body. For wherever and whenever this was done, a typical condition was sooner or later developed in the patient. It has been quite aptly termed by Kocher *cachexia strumipriva.* The most prominent symptom of the latter consists in severe progressive cachexia, leading to a retinoid condition of the sufferer, who soon shows a characteristic puffiness of the face. In addition there are alterations of the skin, general weakness, and decided awkwardness in all movements, without any diminution of muscular power, however, and finally a pronounced loss of mental capacity.

Lancing Children's Gums.—In a discussion of this subject at the Medical Society of London, Mr. Edward Owen, Surgeon to the Children's Hospital said: Though he had carried a gum-lancet in his card-case for years, he found no work for it upon infantile gums. How often, he added, do we hear this remark, "My children always cut their teeth with diarrhea or a large head," and the explanation of this he considers was to be found

in improper feeding, an opinion which every one who observes the folly of parents in this respect will be ready to indorse. They stuff their babies' stomachs with food which they can not digest, and then declare that the diarrhea and other disorders thus brought about are only due to teething. But surely teething is a natural process—not the efficient cause of the many disorders to which the susceptible infantile body is liable. Keep a sharp lookout for essential paralysis, which comes on so insidiously at a period when the symptoms are likely to be attributed to dentition.

Mr. H. Cartwright threw in his authority as a dentist in favor of the notion that diarrhea and convulsions may be caused by dentition. The chief indication he assigned for the operation was a tense glistening state of the gum when the tooth was about to come forward, or greatly swollen or inflamed gums. Dr. W. A. Duncan has seen the operation relieve diarrhea and convulsions; Dr. Ewart was a firm believer in the lancet; Dr. Drew thought it indicated, in a febrile condition with pain in the gums lasting for two days, as well as in some cases of diarrhea, bronchitis and otitis. Dr. S. Taylor would use it in a horny condition of the gums; and Dr. Webb has seen children on the point of death saved by it. On the other hand, Dr. Travers had not seen a single instance in which he felt justified in lancing the gums in the last nineteen years. Mr. Lowne said dentition was a physiological process, and nine out of ten cases of diarrhea were caused by improper feeding, and he could not understand how that complaint could be brought about reflexly by dentition. Dr. Sansom thought there was a liability to use the lancet too frequently. Dr. Hall thought it had fallen into disuse since the introduction of bromides, and some other speakers "damned with faint praise" the instrument with which most of them had probably in younger days tortured their little patients. (London Letter, Medical Record.)

The Symptomatic Treatment of Typhoid Fever.—Prof. Ebstein, in a paper on "The Treatment of Typhoid Fever," gave

his experience for the past seven and a half years at the Clinic, in Holstein. The number of cases treated, reported, two hundred and thirty-five. The mortality was only 5.5 per cent, reduced to 2.5 per cent by the exclusion of inevitably fatal cases. The so-called "abortive treatment" with calomel is useful and to be recommended. In the absence of any causal treatment, this can only be symptomatic, *i. e.*, measures based on a consideration of the morbid phenomena and individual conditions. Above all, attention must be paid to judicious dietetic treatment and the maintenance of the nutrition of the patient. The control of high temperatures, even if of long duration, is only called for when they are associated with severe cardiac or nerve symptoms, or when the temperature attains such a height as to threaten life. The principles of treatment enunciated are, says Ebstein, far more satisfactory in practice and in their results than an exclusive adoption of "bath treatment," or other methods of strict antipyresis. Baths he regards as of value for their powerful stimulant action, and he would employ them where other methods seem to be insufficient.

Treatment of Strangulated Hemorrhoids.—Dr. Monod advises a new treatment for strangulated hemorrhoids, which he has practiced with great success. It consists in forcibly dilating the anus, as in case of fissure. Verneuil had already recommended this method for the cure of simple piles, and has been followed by most of the young surgeons, who have entirely abandoned every other treatment. To effect the dilatation Verneuil employed specula of different dimensions, and only in the case, as has been just stated, of the ordinary condition of hemorrhoids. On the contrary, he says that "when the piles are the seat of sphacelus he always waited until the complication disappeared." Monod, who has imitated Verneuil with the best results in those simple cases, goes still farther, and instead of regarding strangulation as a counter-indication to the operation, considers that this fact renders it the more necessary. He was called to a gentleman who had been suffering excruciating

agony for two days from strangulated piles, and on whom ice fomentations, narcotics *intus* and *extra* were tried without effect. Local examination showed no more than is ordinary in such cases—a ring of tumefied external hemorrhoids surrounding a packet of internal turgescent hemorrhoids, with a dark spot in the center, announcing commencement of sphacelus. The least touch was painful, and the patient demanded relief at any price. Partisan of the treatment of hemorrhoids in general by dilatation, he thought that he would be doing right in employing it in the present case, knowing that by suppressing the action of the sphincter the pain would cease. Accordingly, the patient was put under the influence of chloroform, and the hemorrhoidal tumors reduced, and then Monod largely dilated the anus with his fingers. A few minutes afterward the patient awoke free from all pain, and in a few days he had the satisfaction of not only feeling that the strangulation had entirely disappeared, but that he was for ever quit of his piles. This case of Monod's proves that the hand dilates just as well as the speculum, and consequently the operation is reduced to its simplest expression. (Medical Press.)

Dysentery Treated by Bismuth Injections.—F. E. Waxham, M. D., in Archives of Pediatrics, writes: Inflammation of the lower portion of the colon, attended with bloody and mucous discharges, tenesmus, frequent desire to stool, and oftentimes with prolapse of the rectum, may be modified and its course often quickly abridged by the use of bismuth per rectum. Other treatment has always been unsatisfactory in my hands, the cases progressing slowly and often requiring two or three weeks to overcome.

Knowing the good effect of bismuth when administered per orem in the various diseases of the gastro-intestinal tract, and observing the beneficial effect of this remedy when applied locally to abraded surfaces, I was led to believe that it would be equally efficacious in inflammation of the rectum when applied directly to the inflamed surface. This method of treatment has

been highly successful, and I feel justified in advising others to adopt it. In very severe cases opium in some form, preferably tincture, may be added with benefit.

From ten to twenty grains of bismuth are administered with mucilage of acacia and water after every evacuation, and if not sufficient in itself to control the frequent stools a little laudanum is added. Recently a child suffering from a severe attack of dysentery, with prolapse of the rectum with every passage, was almost immediately relieved. Within twenty-four hours the character of the passages was entirely changed, the tenesmus and frequent desire to stool relieved, and the prolapse not recurring after the second or third administration. This is only one of many cases where this remedy has been used with gratifying result.

THE TREATMENT OF MUGUET.—Dr. Damaschino (*Rev. des Cien. Med.*) says: In the treatment of this disease it is necessary to recognize its pathogeny, occurring as it does in individuals who are in a condition of dystrophy, the epithelium of the buccal mucous membrane being badly nourished and its secretion acid. In such a soil as this the *oïdium albicans* finds favorable conditions for development, and the treatment will obviously comprise means for the destruction of the diseased mucous membrane, modification of the buccal secretions, and cure of the general condition. The membranous patches, wherever they exist, may be destroyed by pressure or by caustic; then powdered borax mixed with glycerine or rose ointment, in the proportion of two to four grains of the former and ten of the latter, should be applied freely and frequently for the next twenty-four hours. Regnard recommends oxygenated water in the treatment of muguet, at first diluted one half with distilled water, then applied pure. It should be applied several times a day, and also be occasionally gargled. Two or three days of this treatment are said to produce very satisfactory results. Tonics are indicated to remedy the depressed condition of the system at large. (Archives of Pediatrics.)

Notes and Queries.

MASSAGE: ITS ANTIQUITY AND USES.—Homer in the Odyssey tells us that beautiful women rubbed and anointed war-worn heroes to rest and refresh them. In another part of the Odyssey (l. iii, v. 446) we read, "Meanwhile she bathed Telemachus, even fair Polycaste, the youngest daughter of Nestor. And after she had bathed him and anointed him with olive oil, and cast about him a goodly mantle, he came forth from the bath in fashion like the deathless gods." And again (lxxiv, v. 364), "The Sicilian handmaid bathed high-hearted Laertes, and anointed him with olive oil, and cast a fair mantle about him." Such kindly marks of attention, we trust, were more for precept than example. Odysseus was more modest in accepting such hospitalities. "Then goodly Odysseus spake among the maidens, saying, 'I pray you stand thus apart, while I myself wash the brine from my shoulders, and anoint me with olive oil; but in your sight I will not bathe, for I am ashamed to make me naked in the company of fair-tressed maidens.'"

"The art of medicine is thus divided among them; each physician applies himself to one disease only, and not more. All places abound in physicians; some physicians are for the eyes, others for the head, others for the teeth, others for the parts about the belly, and others for internal diseases." "The physician must be experienced in many things," says Hippocrates, "but assuredly also in rubbing; for things that have the same name have not always the same effects. For rubbing can bind a joint that is too loose, and loosen a joint that is too rigid." And again, "rubbing can bind and loosen; can make flesh, and cause parts to waste. Hard rubbing binds; soft rubbing loosens; much rubbing causes parts to waste; moderate rubbing makes them grow." This is the earliest

definite information about massage. Asclepiades thought that physicians ought to cure their patients safely, speedily, and pleasantly; and he relied mainly on diet, bathing, exercise, and friction. His representation of treatment by motion found great respect. He considered that the body was composed of innumerable canals endowed with sensation and regularly distributed, in which moved the nutritive juices and plastic atoms. So long as this went on without disturbance health continued; on the contrary, disturbance caused sickness. The normal movemement of the juices would be disturbed by abnormal increase of these atoms, by their irregular distribution, by too great blending together, and by too swift motion of the same and also by constriction and dilation of their canals. Proceeding upon these principles, Asclepiades renounced almost entirely the use of medicine and attemped to restore free movement of the nutritive fluids and atoms by means of rubbing; one use of which among others he particularly recognized was that gentle stroking had a soporific influence. With this he also combined active and passive motion.

Cicero considered that he owed as much of his health to his anointer as he did to his physician. Plutarch tells us that Julius Cæsar had himself pinched all over daily as a means of getting rid of a general neuralgia. Celsus spoke wisely and well about rubbing in saying that it "should sometimes be applied to the whole body, as when an invalid requires his system to be replenished." The Emperor Hadrian, one day seeing a veteran soldier rubbing himself against the marble at the public baths, asked him why he did so. The veteran answered, "I have no slave to rub me;" whereupon the emperor gave him two slaves, and sufficient to maintain them. Another day several old men rubbed themselves against the wall in the emperor's presence, hoping the similar good fortune, when the shrewd Hadrian, perceiving their object, directed them to rub one another.

The health of the celebrated Roman advocate, Pliny, which was never very strong, had been shaken by a severe illness the

preceding year. He availed himself of a mode of treatment which it is presumed was much in vogue at that time. He procured the services of a medical practitioner who cured many of his patients by the process of rubbing and anointing, and so much benefit did he derive from the remedy that he asked the emperor to grant the physician, who was either a Jew or a Greek, the freedom of the city and the privileges of Roman citizenship. Arrian, who probably lived about the year of our Lord 243, says, "And great is the advantage of rubbing to the dog of the whole body—not less than to the horse, for it is good to knit and to strengthen the limbs, and it makes the hair soft and its hue glossy, and it cleanses the impurities of the skin. One should rub the back and the loins with the right hand, placing the left under the belly, in order that the dog may not be hurt from being squeezed from above into a crouching position; and the ribs should be rubbed with both hands; and the buttocks as far as the extremities of the feet; and the shoulder-blades as well. And when they seem to have had enough, lift her up by the tail, and having given her a stretching let her go. And she will shake herself when let go, and show that she liked the treatment." Oribasius, a Greek, who early acquired a high reputation and was taken by the Emperor Julian to Gaul as his physician, wrote: "But all the physicians and philosophers of antiquity knew no better means of strengthening the vital principle and prolonging life than by moderation; by the use of free and pure air and bathing, and above all by daily friction of the body and exercise. Rules and directions were laid down for giving gentle and violent motion to the body in a variety of ways, hence arose a particular art called the gymnastic; and and the greatest philosophers and men of learning never forgot that the body and soul ought to be exercised in due proportion. This art of suiting exercise to the different constitutions, situations and wants of man; of employing it above all as the means of keeping his internal nature in proper activity, and thereby not only rendering the causes of disease ineffectual, but also

curing diseases which have already appeared, they indeed brought to an extraordinary degree of perfection."

Paracelsus, a remarkable man, though often intoxicated and guilty of gross immoralities, extols the effects of friction on the human body as indispensable to health. Ambroise Paré, the most renowned surgeon of the sixteenth century, though not recognized by the faculty as he was only a barber-surgeon, the inventor of the ligation of arteries which is the foundation of modern surgery, surgeon under four French kings, a devout Huguenot but spared at the massacre of St. Bartholomew on account of his surgical skill, good old Ambroise* states that friction was in great esteem in his time. He describes three kinds of friction — gentle, medium, and vigorous — and the effects of each. In dislocations he recommends that the joint should be moved about, this way and that way, not violently but in order to resolve the effused fluids, and extend the fibers of the muscles and the ligaments, so as to facilitate the reduction. From this it is apparent that he knew the influence of passive motion in promoting absorption, the rationale of which has been so well studied by German physiologists.

Alpinus, in his "Medicina Ægyptia," says that frictions are so much in use among the Egyptians that no one retires from the bath without being rubbed. For this purpose the person is extended horizontally; then he is malaxated, manipulated, or kneaded, and pressed in divers manners upon the various parts of the body with the hands of the operator. Passive motion is then given to the different articulations. Not satisfied with masséing, flexing, and extending the articulations alone, they exercise the same pressures and frictions upon all the muscles, the effect of which is thus described by Savary: "Perfectly *masséed*, one feels completely regenerated, a feeling of extreme comfort pervades the whole system, the chest expands, and we breathe with pleasure; the blood circulates with ease, and we have a sensation as if freed from an enormous load; we experi-

*Prof. Gross narrates that when Ambroise Paré was a young man he lived with a noble family to do the shaving, the surgery, and to read the family prayers.

ence a suppleness and lightness till then unknown. It seems as if we truly lived for the first time. There is a lively feeling of existence which radiates to the extremities of the body, while the whole is given over to the most delightful sensations; the mind takes cognizance of these, and enjoys the most agreeable thoughts; the imagination wanders over the universe which it adorns, sees every where smiling pictures, every where the image of happiness. If life were only a succession of ideas, the rapidity with which memory retraces them, the vigor with which the mind runs over the extended chain of them would make one believe that in the two hours of delicious calm which follow a great many years have passed."

Fabricius ab Aquapendente most warmly recommended this treatment by rubbing, kneading, and scientific movements as a rational measure in joint affections. Hoffman, whom we are not likely to forget so long as the anodyne which still bears his name continues to be so useful, says that exercise is the best medicine for the body, and that we can not imagine how salutary and favorable to health it is, for it excites the flow of the spirits, and facilitates the excretions from the blood. He extols the passive, active, and mixed movements of the ancients as well as the apotherapeia already referred to.

In the island of Tonga, Oceanica, when a person is fatigued from walking or other exercise he lies down, and some of the natives practice divers operations upon him known under the name of *toogi-toogi*, mili or fota. The first of these words expresses the action of striking constantly and softly with the fist; the second that of rubbing with the palm of the hand; the third that of pressing and squeezing the tissues between the fingers and the thumb. These operations are ordinarily done by females; and they contribute to diminish fatigue and pain, besides producing an agreeable effect which disposes to sleep. When they practice them with the intention of diminishing fatigue alone, the arms and legs are worked upon; but when there is pain in some place it is the part affected or the surrounding parts where the operations are applied. In head-

ache the skin over the frontal region and also that of the cranium is submitted to *fota*, and often with success. Sometimes in cases of fatigue they make use of a process which differs from the proceeding ordinarily employed; three or four little children tread under their feet the whole body of the patient.

In 1870, Dr. N. B. Emerson gave a very interesting account of the *lomi-lomi* of the Sandwich Islanders. He describes it as a luxurious and healthful form of passive motion which the Hawaiians bestow upon each other as an act of kindness and their crowning act of generous hospitality to a well-behaved stranger. When foot-sore and weary in every muscle so that no position affords rest and sleep can not be obtained, it relieves the stiffness, lameness, and soreness, and soothes to sleep, so that unpleasant effects of excessive exercise are not felt next day; but in their stead a suppleness of muscle and ease of joint entirely unwonted. Moreover, the *lomi-lomi* is capable of appeasing and satisfying that muscular sense of *ennui* which results from a craving for active physical exercise.

Nordhoff, in his book on "Northern California, Oregon, and the Sandwich Islands," gives the following graphic description of *lomi-lomi:* "Wherever you stop for lunch or for the night, if there are native people near, you will be greatly refreshed by the application of *lomi-lomi*. Almost every where you will find some one skilled in this peculiar and, to tired muscles, delightful and refreshing treatment. To be *lomi-lomied* you lie down upon a mat, or undress for the night. The less clothing you have on, the more perfectly the operation can be performed. To you thereupon comes a stout native with soft, fleshy hands but a strong grip, and beginning with your head and working down slowly over the whole body, seizes and squeezes with a quite peculiar art every tired muscle, working and kneading with indefatigable patience, until in half an hour, whereas you were weary and worn out, you find yourself fresh, all soreness and weariness absolutely and entirely gone, and mind and body soothed to a healthful and refreshing sleep. The *lomi-lomi* is used not only by the natives, but among almost

all the foreign residents; and not merely to procure relief from weariness consequent on over-exertion, but to cure headaches, to relieve the aching of neuralgic and rheumatic pains, and by the luxurious as one of the pleasures of life. I have known it to relieve violent headache in a very short time. The chiefs keep skillful *lomi-lomi* men and women in their retinues, and the late king, who was for some years too stout to take exercise, and yet was a gross feeder, had himself *lomi-lomied* after every meal as a means of helping his digestion. It is a device for relieving pain and weariness which seems to have no injurious reaction and no drawback but one—it is said to fatten the subjects of it." (Douglas Graham, M. D., on Massage.)

BEEF-PEPTONOIDS.—In a paper by Dr. Stutzer, recently published in the London Medical Record, we learn that our countrymen, Reed and Carnrick, have beaten our English cousins far and away in the paths of beef-peptonoids; that their beef-peptonoids contain upward of eighty-seven per cent of organic substances, while the best known and most popular of English extracts range from sixty per cent down to nine per cent. On the other hand, these Carnrick's beef-peptonoids contain less than seven per cent of water, while others standing in the highest repute vary from eighty-nine per cent of water downward. The beef-peptonoids of these manufacturers are remarkable for their high percentage of easily digested albumen, which stands at fifty-six per cent in Stutzer's analysis, while none of the others figure above seventeen per cent, and several vary from seven down to two per cent. It is unique also in its content of fat, which stands at ten per cent. It is obvious that these manufacturers have succeeded in producing an article which is of singular value in the double capacity of a nutritive as well as a stimulant. Hitherto it has been well known to practitioners who have followed the course of recent scientific research, that the majority of the preparations submitted as "extracts of meat" were in fact little more than ingenious preparations of the organic bases and mineral salts of meat, and that their nutritive

value was so slight as to render them quite untrustworthy as foods in that respect. The new method of preparation followed in this case, by which a large proportion of albumen is preserved in an easily digestible form, and in which the beef-peptonoids are combined with the stimulant bases and mineral salts, makes a new departure in invalid's and children's foods, of which the usefulness is apparent, and which will tend to bring this class of food into much higher repute and much more extended use than it has of late occupied in the repertory of the practitioner. When first extracts of meat were introduced, much more was expected of them than they were capable of affording. There was a tendency to regard them as containing all the nutritive properties of meat in a soluble and digestible form, and this fallacy, although it has been repeatedly exposed, is still repeated by some manufacturers whose products contain barely a trace of nutritive or albumenoid principles, and who, nevertheless, on their documents accompanying their preparations, do not hesitate to claim for them a nutritive value of which they are entirely destitute. The more conscientious and better instructed manufacturers make no such claims, and are careful not to represent their products as containing the nutritive elements of flesh meat. On the other hand, the knowledge that a large number of meat preparations can not be considered as nutritive has done much to discredit the use of such preparations in the schoolroom, and it is with no small satisfaction that it will be seen, from the careful analyses of Dr. Stutzer that, in the preparation which is now under notice, chemists have succeeded in producing one which largely combines the elements of nutrition with those stimulant properties of which the value is undoubted, but which alone are insufficient in any invalid food. (British Medical Journal.)

INSECT-EATING MEN.—The insect-eaters here referred to are not occasional persons of depraved tastes, but whole nations, who consume insects on so large a scale as to raise them to a regular article of trade. Locusts are an article of food in parts

of Africa, Arabia, and Persia, of such importance that the price of provisions is influenced by the quantity of the dried insects in hand. The Tuaregs of Africa esteem them highly, and a single individual will eat as many as three hundred of them — raw, roasted, or stewed—at a meal. Cakes of crushed locusts are a delicacy. Boiled locusts are appreciated in Burmah. Termites and ants are the next most important food-insects. The egg-laden bodies of the females of *alta cephalotes* are industriously collected by Indians in South America, and the taste of their roasted and salted bodies has been appreciated even by Europeans. The African negroes can hardly get enough of termites, which are eaten fried at the Cape, and in other regions are made into cakes. Roasted termites taste somewhat like marrow or sweet cream. The seventeen-year locust has been eaten in North America, and is said to have been used in soap-making. Cakes are made in Mexico with the eggs of two kinds of water-bugs. A cake made in Fezzan of insect-eggs is described as having the taste of caviare. The Romans were fond of a larva which they called *cossus*. A favorite dish is prepared in Jamaica from the larva of a beetle that lives in the trunks of palm-trees. Another wood-insect is preserved in sugar by the Chinese and Malays, and a liquor is made, with the addition of some water, from a beetle in Mexico. Caterpillars are eaten in Australia and at the Cape, at the risk of woful pains in the stomach, and even spiders, abhorred by every other race, are eaten by Hottentots and New Caledonians, with the same liability. Worms are accepted as food by very few people. A kind of grub is collected and eaten in Brazil, a nereid worm in Samoa, and a reed-worm by the Ainos of Japan. The Australians around Port Adelaide are said to have lived exclusively on worms and mollusks, while they abhorred beef. Some persons in Naples eat a tape-worm, a parasite of the carp, fried in oil, and call it *macaroni piatti*. Sea-urchins form a quite important item in the cookery of some lands, and are popular in some of the Mediterranean districts of Europe. Vestiges of them are found among the remains of feasts in

Pompeii, and a hundred thousand dozen of them are still sold in the markets of Marseilles every year. They, with holothurias, form important items in the food-consumption of China and Japan, where the people rarely see our butcher's meat. The holothuria fishery is carried on extensively in Japan from April to August. The "catch" is consumed fresh on the spot, or is prepared and packed for the Chinese market. Even the Medusa, which no other animal, so far as is known, will eat, is sought for by the Chinese, and used as a dry and salted meat. (The Popular Science Monthly.)

THEODORE STOUT BELL, M.D., Professor of State Medicine and Sanitary Science in the Medical Department of the University of Louisville, died at his home in this city, December 28, 1884, aged seventy-eight years. A sketch of this learned and useful man's life, prepared by his friend and physician, Dr. W. O. Roberts, will appear in the March number of the AMERICAN PRACTITIONER.

DR. JAMES KNAPP.—This well-known physician died at his home on Monday, January 5th. About one week before this date he was stricken with apoplexy, under which he sank to death.

Dr. Knapp was born in New York in 1821. He came to Kentucky in 1845. He graduated from the University of Louisville in 1852, and since that time has practiced his profession in Louisville.

Dr. Knapp was a man of commanding presence and great force of character. He was possessed of firm religious convictions, and gave freely of his time and talents to the furtherance of the Christian charities. As a physician he was learned, and signally successful in practice.

Dr. Knapp was a self-made man. Beginning life as a tradesman's apprentice, he rose through industry and a love of learning to affluence and scientific distinction. He was possessed in large degree of those gifts which characterize the savant, and

found time in the intervals of professional work to attain a practical knowledge of several branches of natural science. He was for many years intimately associated with his friend and teacher, the late Dr. L. P. Yandell, sr., in practical scientific work, and rendered this distinguished savant skillful assistance in bringing to light the geology of this section of country.

His collection of fossils is one of the finest in the West.

Dr. Knapp's manner of life was unostentatious and retiring; though humble in spirit, he was brave, strong, and inflexible in matters of duty or questions of right. From the retrospect of a well-rounded life, and with the record of a faithful stewardship, he turns to his reward. (Louisville Medical News.)

PROF. SILLIMAN'S DEATH.—Prof. Benjamin Silliman, M. D., died on the night of January 14th, at his home in New Haven, Connecticut. He had been ill for some days. The immediate cause of his death was uremic poisoning.

The death of this eminent scientist will cause more than ordinary sorrow in this community, in which he passed some of the best years of his life, and during which he laid the foundation of his great fame.

In the reorganization of the Faculty of the Medical Department of the University of Louisville in 1849, Dr. Silliman, then adjunct to the chair of chemistry held by his illustrious father in Yale, was called to the chair of chemistry in the university here. He came, then a young man, with his family to Louisville, where he resided until his *alma mater* recalled him to take the place of his father, whom age had unfitted to teach longer in an institution to the renown of which his name and labors had contributed so much.

During Dr. Silliman's connection with the University of Louisville he had as his associates Drake and the elder Yandell, Gross and Cobb, Bartlett and Rogers, Palmer and Austin Flint, and Bell and Miller, not one of whom is living to-day but Prof. Flint, the most eminent of the writers and teachers of medicine in America.

Prof. Silliman was a worthy associate of these great men. As a lecturer he was earnest and forcible; as an experimenter he was easy and graceful; while in his intercourse with students he was suave and pleasing; in a word, he possessed all the elements which go to make up a successful teacher of a branch which is none too attractive to the average student of medicine.

As an original investigator Prof. Silliman won, particularly in the field of the metals, great distinction. His contributions to this department of science were numerous and held in much esteem every where. He was a member of many learned societies, both home and foreign.

On his removal to New Haven he was succeeded in the university by the late Prof. J. Lawrence Smith, an appreciative memoir of whose life and services Dr. Silliman had completed only a short time before he himself was called away.

He retained the most pleasant recollections of his life in Kentucky, and always spoke of his Kentucky friends in the same warm terms which Prof. Gross used when talking of his life here.

Mrs. Silliman, a lady of rare intellectual gifts, and of still rarer sweetness and gentleness of disposition, died but a few years ago, and her husband, though having all that children and grandchildren growing up around him could do to make his home a happy one, seemed never to have recovered from the blow.

Shortly after the death of Dr. Gross he wrote to a friend in this city: "Flint, Bell, and myself alone are left of the old Faculty of the University. It can not be long before one of us, indeed all of us, must go."

The death of Dr. Bell, the oldest of the three, is fresh in the minds of all. Silliman, the youngest of the trio, has now gone. Flint, though turned seventy, remains, hearty and actively engaged in work.

HOMEOPATHIC POTENTIALITIES.—"Puck" furnishes the following receipt for preparing half-grain powders:

A grain of medicine you take,
And drop it in Superior Lake;
Mix it and stir it thoroughly,
Then of the mixture in the sea
Put just one drop and stir it well,
So neither taste nor touch nor smell
Of medicine within is found;
Then take of sugar just a pound,
And medicate it with one drop
Of the aforesaid mingled slop.
Each day three times take half a grain,
Till you are dead or free from pain.

AN AMATEUR PHYSICIAN.—Sydney Smith was not only an Edinburgh reviewer, a canon of St. Paul's, and a country parson, but added to the duties of the latter the accomplishments of an amateur physician. He had probably picked up a smattering of the art at Edinburgh. When incumbent of Foxton, a rather out-of-the-way village in Yorkshire, he kept in his parish-room a small village dispensary-chest. To the mixtures, pills, and liniments contained in it he appplied grotesque but expressive names; for instance, "heart's delight, the comfort of all the old women in the village;" "the gentle jog, a pleasure to take it;" "the bull-dog, for more serious cases;" "Peter's puke," and "up-with-it," need no explanation; "rub-a-dub, a capital embrocation;" and "dead stop settles the matter at once."

CARLYLE AND HIS DYSPEPSIA.—Carlyle once rode sixty miles to Edinburgh "to consult a doctor, having at last reduced my complexities to a single question. Is this disease curable by medicine? Or is it chronic; incurable except by regimen; if even so? This question I earnestly put; got response, 'It is all tobacco, sir; give up tobacco.' Gave it instantly and strictly up. Found, after long months, that I might as well

have ridden sixty miles in the opposite direction, and poured my sorrows into the long, hairy ear of the first jackass I came upon, as into this select medical man's, whose name I will not mention."

STRETCHING THE LINGUAL NERVE FOR NEURALGIA.—Mr. Clement Lucas operated for the relief of extreme neuralgia of the tongue, at Guy's Hospital, on November the 11th, by stretching the lingual or gustatory nerve. He pointed out what he believed to be an original observation; that, if the tongue be seized at the tip, and drawn forcibly out of the mouth and to one side, the lingual nerve of the opposite side is made to stand out as a firm band beneath the mucous membrane on the side of the tongue, where it can be readily felt and secured. The operation was performed as follows. A suture was placed through the tongue to the right of the septum, by means of which the organ was drawn forcibly out and to the left side. A sharp pointed hook was then passed under the nerve to fix it. The mucous membrane was next divided over the nerve for about half an inch, so that it could be readily seen; an aneurism-needle having been passed immediately under the nerve, the sharp hook was withdrawn. The nerve was in this way easily reached and stretched.

A MIS-STEP.—Bill Nye, speaking of the effects of his encounter with a cyclone, said: "Many have asked me how the accident occurred. I can not state definitely, but I think I must have stepped on a peal of thunder and slipped. People can not be too careful, in peeling their thunder, not to leave the peals around where some one may step on them and get hurt."

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